

CHILD ABUSE/NEGLECT REGISTRY INFORMATION REQUEST FORM

REQUESTOR INFORMATION

1. This form must be type-written and signed.
2. Complete one form for each individual for whom a child abuse/neglect finding request is being processed.
3. Email completed requests to: adam-walsh.oregon@state.or.us

This information is being requested for the following reason (please check only one):

- Foster or adoptive parent, or foster household member over 18 under Adam Walsh Child Protection and Safety Act of 2006
- Child Care provider or Child Care household member under Child Care & Development Block Grant (CCDBG) Act of 2014
- Oregon Juvenile Justice Agency employee or contractor under Prison Rape Elimination Act (PREA) of 2003
- Oregon Court Appointed Special Advocate (CASA)

Applicant Position Title: Office Manager

Requesting Agency Name: NH DHHS Child Care Licensing Unit

**Type of Agency
Requesting Information
(please check one):**

- State/Local Child Welfare Agency
- Child Care Licensing Agency
- Child Care Employer
- Oregon Juvenile Justice Agency
- Oregon Court Appointed Special Advocates
- Other: _____

Results are returned utilizing a secure email server. Please list the return email address for results.

Email Address: CCLUnit@dhhs.nh.gov

I understand this information is **confidential** and **sensitive**, and may be used only for the purpose for which it was obtained. Per ORS 419B.035(9), anyone inappropriately using or disseminating this information violates ORS 419B.035 subsection (6)(a) and (7), and commits a Class A violation.

Michelle Brown

Printed Name & Signature of Requesting Facility/Agency Representative

Date

If you have questions or you feel the conclusion is inaccurate, please contact the requesting agency, or contact BCU at adam-walsh.oregon@state.or.us or 503-378-5470 or 888-272-5545.

APPLICANT INFORMATION

For completion by applicant for whom child protective service check will be completed.

Full Legal Name (First, Middle, Last):	_____
Other Names Used (First, Middle, Last):	_____

Male Female Other Applicant Date of Birth (m/d/yyyy): _____ Social Security Number (Voluntary): _____

Please list all Oregon counties in which you have resided, beginning with the most recent or current to the oldest. Provide the month and year that residency began and ended in each county listed. For special or unusual situations, please explain. Attach additional documents in email if necessary.

County	Began	Ended
Example – ABC County	01/2001	Current
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, _____, do hereby authorize the Oregon Department of Human Services to research its records to determine whether or not I am on the central registry of persons responsible for child abuse and neglect. I understand this information will be released to the requesting agency or employer.

Applicant Signature or Applicant's Legal Representative

Date signed

RESULTS -- DHS USE ONLY

Please stop at this point. The remainder of the form is for DHS use only regarding results.

- The above-named individual is not listed as a perpetrator of abuse in the Oregon Child Abuse/Neglect central registry.
- The above named individual has been determined to be responsible (Founded) for the abuse/neglect of a child in Oregon, or is currently the subject of a child abuse/neglect assessment.

Office of Reported History: _____

Case Number and Year of History: _____

For additional information, please contact the Oregon Child Welfare office(s) for more information. Local office contact information found at:

<http://www.oregon.gov/DHS/Offices/Pages/Child-Welfare.aspx>

Name of Person Completing: _____

Telephone Number: _____ Date of Completion: _____